

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/516507 FILING DATE 01 DEC 2004
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		/					51					
2			/					52					
3			/					53					
4			/					54					
5			/					55					
6			/					56					
7			/					57					
8			/					58					
9			/					59					
10			/					60					
11			/					61					
12			/					62					
13			/					63					
14			/					64					
15			/					65					
16			/					66					
17			/					67					
18			/					68					
19			/					69					
20			/					70					
21			/					71					
22			/					72					
23			/					73					
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26			/					76					
27			/					77					
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32			/					82					
33			/					83					
34			/					84					
35			/					85					
36			/					86					
37			/					87					
38			/					88					
39			/					89					
40			/					90					
41			/					91					
42			/					92					
43			/					93					
44			/					94					
45			/					95					
46			/					96					
47			/					97					
48			/					98					
49								99					
50								100					
TOTAL IND.			5										
TOTAL DEF.			42										
TOTAL CLAIMS			47										